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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>
Mailing Address 1826 Jefferson PL, NW		Amount <b>4000.00</b>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Digital ads	Category/Type <b>004</b>	Transaction ID : <b>SE.10181</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2018</b>
Name of Federal Candidate MORRISEY, PATRICK MR, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

**16000.34**

Full Name of Payee <b>FP1 Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>
Mailing Address 1826 Jefferson PL, NW		Amount <b>4000.00</b>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Digital ads	Category/Type <b>004</b>	Transaction ID : <b>SE.10183</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2018</b>
Name of Federal Candidate MANCHIN III, JOE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

**20000.34**

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>8000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>LCX.com, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>2173 Salk Avenue</b> <b>Suite 250</b>			Amount <b>3000.00</b>		
City <b>Carlsbad</b>	State <b>CA</b>	Zip Code <b>92008</b>	Transaction ID : <b>SE.10173</b>		
Purpose of Expenditure Digital ads		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2018</b>		
Name of Federal Candidate <b>MORRISEY, PATRICK MR, , ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>WV</b>		
Calendar Year-To-Date Per Election for Office Sought <b>8083.34</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>LCX.com, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>2173 Salk Avenue</b> <b>Suite 250</b>			Amount <b>3000.00</b>		
City <b>Carlsbad</b>	State <b>CA</b>	Zip Code <b>92008</b>	Transaction ID : <b>SE.10175</b>		
Purpose of Expenditure Digital ads		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2018</b>		
Name of Federal Candidate <b>MANCHIN III, JOE, , ,</b>			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>WV</b>		
Calendar Year-To-Date Per Election for Office Sought <b>11083.34</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 31 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Media Bridge</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2018	
Mailing Address 11300 Astarita Ave		Amount 458.50	
City Partlow	State VA	Zip Code 22534	<b>Transaction ID : SE.10177</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2018
Purpose of Expenditure Digital ads		Category/ Type 004	
Name of Federal Candidate MORRISEY, PATRICK MR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		11541.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Media Bridge</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2018	
Mailing Address 11300 Astarita Ave		Amount 458.50	
City Partlow	State VA	Zip Code 22534	<b>Transaction ID : SE.10179</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2018
Purpose of Expenditure Digital Ads		Category/ Type 004	
Name of Federal Candidate MANCHIN III, JOE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		12000.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	917.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	20000.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*

[Electronically Filed]

Date

 MM / DD / YYYY  
 10 / 31 / 2018

Signature